
PART XI

LONG TERM CARE PLAN

The Long Term Care (LTC) Plan provides benefits for specific types of medical care and assistance not covered by the medical plan. Long term care refers to a wide range of personal care, health care, and social services for people who suffer a chronic disease or long-lasting disability. This type of care is referred to as “custodial care” and provides help with normal activities of daily living such as walking or dressing. Services can take place in a nursing care facility, an adult day care center, or at home.

WHO IS ELIGIBLE FOR THE LONG TERM CARE PLAN?

Active Employees

All regular employees who work at least 20 hours per week are eligible to apply for the LTC Plan on the first day of active employment.

Eligible Dependents

The spouse, parents, and parents-in-law of an employee are eligible to apply for this plan.

Retirees

All employees who retire are eligible to apply for this plan.

APPLYING FOR COVERAGE

Employees may apply for LTC Plan coverage within 31 days of their date of hire. Eligible dependents may apply at the same time as the employee but must submit evidence of insurability and be approved by Aetna before coverage can become effective. If an employee applies more than 31 days after his or her date of hire or if a retiree applies for coverage, he or she must submit evidence of insurability and be approved by Aetna before coverage can become effective. If approval is given on or before the 15th of the month, LTC coverage will become effective on the first day of the month after such approval. If approval is given after the 15th of the month, coverage will be effective on the first day of the second month after the approval.

If an employee is disabled and away from work on the date coverage would otherwise become effective, the effective date will be delayed until he or she returns to work for one full day.

LONG TERM CARE PLAN COVERAGE

Benefits Provided

If a participant suffers a Loss of Functional Capacity and a Benefit Period commences while he or she is a participant, the LTC Plan will provide a benefit for each day of the Loss of Functional Capacity after the applicable Waiting Period. The benefit will be based on the Daily Benefit Amount and the place of confinement. Benefits will cease after 90 consecutive days during which the participant has not had a Loss of Functional Capacity. If another Loss of Functional Capacity occurs after benefits cease, a new Waiting Period must be completed for the participant to be eligible for benefits. Additional information on the benefits and exclusions is provided in the Aetna Insurance Certificate which is available through Aetna by calling 1-800-537-8521.

Preexisting Conditions Limitation

Benefits will not be paid during the first six months of a participant's plan coverage for a Loss of Functional Capacity caused by a preexisting condition. An injury or sickness is considered preexisting if it was diagnosed or treated within six months before the effective date of the participant's plan coverage.

Lifetime Maximum Benefit

A participant may elect either a 3 or 5 year maximum benefit.

EXCLUSIONS

The LTC Plan does not provide benefits for the following:

- A loss due to war or act of war.
- A loss due to suicide attempt or intentionally self-inflicted injury.
- Any day of confinement in a government institution, unless the participant is obligated to pay charges for the confinement.
- Any day of confinement in a Hospital except for the first 14 days of Hospital confinement if payment must also be made to a Nursing Care Facility to retain a room during the confinement.
- Any day when a participant is outside of the United States of America and suffers a Loss of Functional Capacity.
- Any day for which Nursing Care Facility or Home Care Unit benefits are (a) provided or required by law or (b) due to service in the armed forces.

CLAIMS

How to File a Claim

To file a claim under the LTC Plan, you must complete a LTC Claim Form

which is available through Aetna. The completed claim form must be submitted to Aetna within 90 days of the date of the Loss of Functional Capacity.

Questions About Claims

If you have a question about your LTC claim, you should contact Aetna at 1-800-537-8521.

How to Appeal a Claim

If your claim is denied, you will receive a written notice of the denial from Aetna. The notice will explain the reason for the denial and indicate the review procedures. You may request a review of the denied claim. The request must be submitted in writing within 60 days after you receive the denial notice. Submit your request, including your reasons for requesting the review, to Aetna, Long Term Care, 151 Farmington Avenue, Hartford, CT 06156. Aetna will review the claim and ordinarily notify you within 60 days of receipt of your request.

EMPLOYEE PREMIUMS

When participating in the LTC Plan, employees must pay the required premiums through payroll deductions.

ELIGIBLE DEPENDENT PREMIUMS

Coverage for eligible spouse's must be paid for through the employee's payroll deductions. Coverage for parents and parents-in-law will be billed directly from Aetna.

RETIREE PREMIUMS

Retirees will be billed directly from Aetna for their LTC coverage.

RETURN OF PREMIUMS

If a participant who enrolled in the plan as an employee or the spouse of an employee dies while covered under the plan, a refund or partial refund of premiums may be provided. A refund will not be provided if the participant enrolled as a retiree, spouse of a retiree, or parent, or parent-in-law of an employee.

WAIVER OF PREMIUMS

A participant's premiums will be waived if he or she has satisfied the Waiting Period and is receiving plan benefits. Premiums will again be required when the Benefit Period ends.

MISCELLANEOUS

Benefit Period

A Benefit Period is the period of days of a covered Loss of Functional Capacity beginning on the first day of the loss and ending 90 consecutive days after which the participant has not had a Loss of Functional Capacity. It does not include any day prior to the participant's effective date of coverage.

Changes in the Amount of LTC Coverage

During a special open enrollment period held every two years, a participant, who is not in a Benefit Period, may apply for additional coverage to help protect against the effects of inflation. Proof of insurability will not be required during the special open enrollment period, but Aetna must approve the increased coverage for it to become effective. Premiums for the increase in coverage will be based on the participant's age as of the date the increased coverage takes effect.

A participant may elect to decrease his or her Daily Benefit Amount at any time by providing written notice to Aetna. The decrease may not be for less than \$10 or to an amount that is less than the minimum Daily Benefit Amount provided by this plan.

Premiums will be adjusted to reflect coverage changes that are elected.

Daily Benefit Amount

The Daily Benefit Amount for a Nursing Care Facility is \$75, \$100, \$125, or \$150 and is based on the participant's coverage election.

The home health care Daily Benefit Amount is 50% of the Daily Benefit Amount the participant elected for a Nursing Care Facility.

General Information

Information regarding the plan identification number, plan year, plan funding, type of plan, plan sponsor, plan administrator, agent for legal process, your rights under ERISA, prudent actions by plan fiduciaries, and modification, suspension, or termination of the plan can be found in the General Information section of this booklet.

Home Care Unit

A Home Care Unit is any unit, including a private home, that does not qualify as a Nursing Care Facility or Hospital.

Hospital

A Hospital is a short-term duly licensed, acute general hospital which meets certain requirements as indicated in the Aetna Insurance Certificate.

Leave of Absence

If you are on an approved Leave of Absence, you may continue your LTC

coverage during the term of the approved leave by written request and payment of the required premium to Aetna within 45 days of the starting date of your leave.

Loss of Functional Capacity

A Loss of Functional Capacity means the participant's functional loss in accomplishing, on any given day, at least two of the activities indicated below. Functional loss means the physical incapacity resulting from disease or aging or the mental incapacity from a diagnosed irreversible organic mental impairment which renders the participant unable to perform the activity without hands-on assistance of another person each time the activity is performed. The determination of whether a participant has suffered a Loss of Functional Capacity will be made by Aetna.

Mobility: Walking or wheeling on a level surface.

Transferring: Getting in and out of bed or chairs. This excludes attaching or removing braces or artificial limbs.

Dressing: Performing the routine and daily functions of putting on and taking off necessary clothing, braces, or artificial limbs. This excludes the ability to button, zipper, or tie articles.

Toileting: Getting to and from the toilet, getting on and off the toilet, and associated personal hygiene.

Eating: Getting food from any receptacle to the body. This does not include shopping for or preparing food for consumption.

Nursing Care Facility

A Nursing Care Facility is an institution, or distinct part of one, which is duly licensed and meets certain requirements as indicated in the Aetna Insurance Certificate.

Termination of Coverage

LTC Plan coverage will cease on the day you decease, are no longer eligible for coverage, or fail to pay the required premiums.

Waiting Period

The Waiting Period is 60 days. Benefits will not be paid from the date of a Loss of Functional Capacity through the Waiting Period. The Waiting Period will not include days prior to plan participation.

CONTINUATION COVERAGE

If a participant's coverage ceases due to ineligibility, coverage may be continued by written request and payment of the required premium to Aetna within 45 days of the date coverage ceased. For additional information on continuation coverage, contact Aetna at 1-800-537-8521.